

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/579168

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	2					
4	1					
5	1					
6	2					
7	1					
8	1					
9	1					
10	2					
11	1					
12	1					
13	1					
14	1					
15	1					
16	2					
17	1	2				
18	1					
19	2					
20	2					
21	2					
22	2					
23	2					
24	2					
25	1					
26	2					
27	2					
28	2					
29	2					
30	2					
31	2					
32	1					
33	1					
34	1					
35	3					
36	3					
37						
38	1	2				
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	3		↓		↓	↓
TOTAL DEP.	57	←	←	←	←	←
TOTAL CLAIMS	60					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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97						
98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS						